



# Maine Center for Disease Control and Prevention

An Office of the  
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

## **NOTIFIABLE CONDITIONS LIST** **Maine Department of Health and Human Services** **Center for Disease Control and Prevention**

Conditions in **BOLD** must be reported *immediately* All others must be reported in 48 hours

<b>Reportable Disease or Condition</b>		<b>Laboratory Specimen Submission</b>
<p>Acquired Immunodeficiency Syndrome (AIDS)</p> <p><b>Anthrax</b></p> <p>Arboviral Infection</p> <p>Babesiosis</p> <p><b>Botulism</b></p> <p><b>Brucellosis</b></p> <p>Campylobacteriosis</p> <p>Carbon Monoxide Poisoning, including</p> <ul style="list-style-type: none"> <li>Clinical signs, symptoms or known exposure consistent with diagnosis of carbon monoxide poisoning and/or: a carboxyhemoglobin (COHb) level <math>\geq 5\%</math></li> </ul> <p>Chancroid</p> <p>Chlamydia</p> <p>Chickenpox (Varicella)</p> <p>Creutzfeldt-Jakob disease, &lt;55 years of age</p> <p><b>Cryptosporidiosis</b></p> <p>Dengue</p> <p><b>Diphtheria</b></p> <p>E. coli, Shiga toxin-producing (STEC) disease including E. coli: O157:H7</p> <p>Ehrlichiosis</p> <p>Giardiasis</p> <p>Gonorrhea</p> <p>Haemophilus influenzae disease, invasive, include all serotypes</p> <p>Hantavirus, pulmonary syndrome</p> <p>Hemolytic-uremic syndrome (post-diarrheal)</p> <p><b>Hepatitis A, B, C, D, E (acute)</b></p> <p>Hepatitis B (chronic, and/or perinatal)</p> <p>Hepatitis C (chronic)</p> <p><b>Hepatitis, acute (etiologic tests pending or etiology unknown)</b></p> <p>Human Immunodeficiency Virus (HIV), including:</p> <ul style="list-style-type: none"> <li>Confirmed, positive antibody tests</li> <li>Viral load tests, all results</li> <li>CD4 lymphocyte counts, all results</li> </ul> <p>Influenza-associated pediatric death</p> <p>Influenza-like illness outbreaks</p> <p><b>Influenza A, Novel</b></p> <p>Legionellosis</p> <p>Leptospirosis</p> <p>Listeriosis</p> <p>Lyme Disease</p>		<p>Directors of laboratories are to submit cultures or clinical specimens for the following to the <i>Maine Health and Environmental Testing Laboratory</i> for confirmation, typing and/or antibiotic sensitivity:</p> <p>Acid-Fast Bacillus</p> <p><b>Bacillus anthracis</b></p> <p><b>Bordetella pertussis</b></p> <p><b>Brucella species</b></p> <p><b>Clostridium tetani</b></p> <p><b>Clostridium botulinum</b></p> <p><b>Corynebacterium diphtheriae</b></p> <p><b>Coxiella burnetii</b></p> <p><i>Escherichia coli</i>, Shiga toxin-producing</p> <p><i>Haemophilus influenzae</i></p> <p><i>Human Immunodeficiency Virus</i></p> <p><b>Influenza virus, Novel</b></p> <p><i>Listeria monocytogenes</i></p> <p><b>Mumps virus</b></p> <p><b>Mycobacterium tuberculosis</b></p> <p><b>Neisseria meningitidis</b></p> <p><b>Rabies virus</b></p> <p><b>Ricin Poisoning</b></p> <p><b>Rubella virus</b></p> <p><b>Rubeola virus</b></p> <p><i>Salmonella</i> species</p> <p><b>SARS Coronavirus</b></p> <p><i>Shigella</i> species</p> <p><i>Toxoplasma gondii</i></p> <p><b>Variola virus</b></p> <p><i>Vibrio</i> species</p> <p><b>Yersinia pestis</b></p>
<p>Malaria</p> <p><b>Measles</b></p> <p>Meningitis (bacterial)</p> <p><b>Meningococcal Invasive Disease</b></p> <p><b>Mumps</b></p> <p>Paralytic Shellfish Poisoning</p> <p><b>Pertussis</b></p> <p><b>Plague</b></p> <p><b>Poliomyelitis</b></p> <p>Psittacosis</p> <p><b>Q Fever</b></p> <p><b>Rabies (human and animal)</b></p> <p>Rabies Post-Exposure Prophylaxis</p> <p><b>Ricin Poisoning</b></p> <p>Rocky Mountain Spotted Fever</p> <p><b>Rubella (including congenital)</b></p> <p>Salmonellosis</p> <p><b>Severe Acute Respiratory Syndrome (SARS)</b></p> <p>Shigellosis</p> <p><b>Smallpox</b></p> <p>Staphylococcus aureus, Methicillin-Resistant (MRSA) invasive,</p> <p><b>Staphylococcus aureus with resistance (VRSA) or intermediate resistance (VISA) to Vancomycin isolated from any site</b></p> <p><b>Staphylococcal enterotoxin B</b></p> <p>Streptococcal invasive disease, Group A</p> <p>Streptococcal invasive disease, Group B</p> <p>Streptococcus pneumoniae, invasive disease</p> <p>Syphilis</p> <p><b>Tetanus</b></p> <p>Toxoplasmosis</p> <p>Trichinosis</p> <p><b>Tuberculosis (active and presumptive cases)</b></p> <p><b>Tularemia</b></p> <p><b>Unusual or increased case incidence, critical illness, unexplained death(s) of any suspect infectious disease</b></p> <p><i>Vibrio</i> species, including Cholera</p> <p><b>Viral Hemorrhagic Fever</b></p> <p><b>Venezuelan equine encephalitis</b></p> <p>Yellow Fever</p> <p>Yersiniosis</p>		

**Who must report:** Health Care Providers, Medical Laboratories, Health Care Facilities, Administrators, Health Officers, Veterinarians

### **When to report:**

- Conditions in **BOLD** are reportable immediately by telephone on recognition or strong suspicion of disease
- All others are reportable by telephone, fax, or mail within 48 hours of recognition or strong suspicion of disease

### **What to report:**

Disease reports must include as much of the following as is known:

- Disease or condition diagnosed or suspected
- Patient's name, date of birth, address, phone number, occupation and race
- Diagnostic laboratory findings and dates of test relevant to the notifiable condition
- Health care provider name, address and phone number
- Name and phone number of person making the report

**Complete Rules for the Control of Notifiable Conditions at:**  
[http://www.maine.gov/dhhs/boh/ddc/disease\\_reporting.htm](http://www.maine.gov/dhhs/boh/ddc/disease_reporting.htm)

**Disease Reporting**  
**24 Hours A Day**  
**7 Days A Week**

**Telephone**  
**1-800-821-5821**

**Fax**  
**1-800-293-7534**